

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
#88191  
**INDEXED** 1 1948  
Registration District No. **318**MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **31255**  
Registrar's No. **8183**Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **5-weeks** (Specify whether)  
In this community..... **45 yrs.**  
years, months or days)

3. (a) PRINT  
FULL NAME**JOHN MATTEI**3. (b) If veteran,  
name war.....

3. (c) Social Security No. ....

4. Sex..... **M.** 5. Color or race..... **W.** 6. (a) Single, widowed, married,  
divorced..... **W.**  
6. (b) Name of husband or wife..... **Antonia Mattei** 6. (c) Age of husband or wife if  
alive..... years  
7. Birth date of deceased..... **Aug. 18th., 1872**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**76** **0** **29** hr. min.

9. Birthplace..... **Italy**  
(City, town, or county) (State or foreign country)10. Usual occupation..... **Retired**  
**Marble Contr.**

11. Industry or business.....

12. Name..... **James Mattei**  
13. Birthplace..... **Italy**  
(City, town, or county) (State or foreign country)14. Maiden name..... **Unknown**  
(City, town, or county) (State or foreign country)15. Birthplace..... **Italy**  
(City, town, or county) (State or foreign country)16. (a) Informant..... **Mr. James Mattei**(b) Address..... **3131 Keokuk St.**17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **9-20-48**  
(Month) (Day) (Year)(c) Place: burial or cremation..... **Cemetery**18. (a) Signature of funeral director..... **Arthur J. Donnelly**(b) Address..... **3840 Lindell Blvd.**19. (a) **SEP 19 1948** (b) **J. J. Budick**  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **4323 Potomac St.**  
**Memorial** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **17th**  
year **1948** hour **8** minute **40 a** M.21. I hereby certify that I attended the deceased from **8/11/48**  
to **Sept. 17th, 1948**  
that I last saw him alive on **Sept. 17th, 1948**  
and that death occurred on the date and hour stated above.Immediate cause of death..... **Cerebral Vascular**  
**Accident** Duration **approx 4 hrs**Due to ?  
Due to ?Other conditions..... **senile psychosis & simple deterioration**  
(Include pregnancy within 3 months of death)Major findings:  
Of operations.....

Of autopsy.....

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... **May D. Sibley** (M.D. or other)  
**1515 Lafayette** Date signed **9/18/48**

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Russell

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**